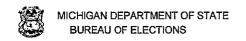


## CANDIDATE COMMITTEE COVER PAGE

## FOR OFFICIAL USE ONLY

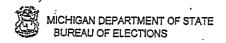
Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.	3. This Statement covers From: 11/8/2012 to 12/31/2012					
1. Committee I.D. Number 150222 2. Committee Name	4. Candidate Last Name First Name M.I.  CONAN KIM  4a. Office Sought Including District # or Community Served (If applicable)					
FRIENDS to ELECT FIM COONAN	4+H DISTRICT COUNTY COMMISSIONER					
5. Committee's Mailing Address	4b. County of Residence  6. Treasurer's Name & Residential Address					
706 SIDNEY ST						
BAY CHY, MI	KIM J. COONAN					
48706	706 SIDNEY ST					
Area Code and Phone	BAY CHY, MI, 48706					
If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.	Area Code & Phone					
7. Treasurer's Business Address	Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)					
Area Code and Phone	Area Code and Phone					
9. TYPE OF STATEMENT	Area code and Priorie					
9a. Pre-Election OR 9b. Post-	-Election 9c. Annual Statement ( 2013 Coverage Year)					
Pre-Election or Post-Election Statement relates to:	9d. Amendment to Campaign Statement (Complete Item 9a 9b, 9c or 9e to indicate which Statement is being amended)					
Primary	9e. Dissolution of Candidate Committee					
	Effective Date of Dissolution					
Convention Scho	DOI					
Special Cauc	By checking this item, I/We certify that the committee has no assets or					
Date of Election, Convention or Caucus	outstanding debts, including late filling fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for					
	the Reporting Waiver.  Note: The disposition of residual funds must be reported on Schedule					
A	1B and the Summary Page.					
A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.						
10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of mylour knowledge and belief the contents are true, accurate and complete.						
Current Treasurer or KIM T	$\mathcal{L}_{\mathcal{L}}}}}}}}}}$					
Designated Record keeper Type or Print Name	1 Date 1-27-13 Signature					
Condidate Kim T COONAN	Signature  Date 1-27-13					
Candidate	Signature Date / - 3/1/3					



## **SUMMARY PAGE**

1. Committee I.D. Number 150222 2. Committee Name FRIFNDS to ElEct KIM COON AN

CANDIDATE COMMITTEE	2. Committee Name /2/F2C	<u> </u>
RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICAB	<u>LE</u>
c. Subtotal of "Contributions"	(3c.) \$	(18.) \$
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	(19.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$	(20.) \$
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	(21.) \$
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	(22.) \$
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	·
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	<u> </u>
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$	(23.) \$
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.) \$	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ -0	(24.) \$
DEBTS AND OBLIGATIONS 12. Debts and Obligations	A) ^	
a. Owed <b>by</b> the Committee (Schedule 1E)	(12a.) \$	
b. Owed to the Committee (Schedule 1E)	(12b.)\$ 1850	
	BALANCE STATEMENT	
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>/, 034.</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>675</u>	00
	(15.) = \$ $1709$ .	<u> 17</u>
15. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period	(16.) - \$ 998.2	6
(Add lines 9 and 11) 17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>7/0</u> .	9/
1		



## DEBTS AND OBLIGATIONS SCHEDULE 1E

. Committee I.D. Number	15022

AUIADIDALE COMMITTEE	Committee Name I PICIKA	13 70 CLEC	7-1-60VL	COOTOTA	
This Schedule Itemizes:					
aDebts and obligations owed by or forgiven the con (Che	nmittee OR b. Deb	ts and obligations owed <u>to</u> our	r forgiven <u>by</u> the co	mmittee.	
3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed.	4. Type of Obligation (Description) 5. Indicate date debt was	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period	
Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	incurred 6. Indicate original amount of debt		date on debt	(Item 6 minus Item 8)	
Debt #1 Corp? Yes Owed to or by:	4. Type: Loan	\$			
KIM COONAND 10601DNEY	5. Date Debt Was Incurred:	\$			
BAYONIMI	10-11-12	5	· ·		
13.04.00 9111 48706	6. <u>Original Amount of Debt</u> : \$	<u> </u>	Ψ <del></del>	FORGIVEN	
If bank loan, name of endorser or guarantor:		\$			
Debt #2 Corp? Yes		Amo	unt Endorsed: \$ -		
Owed to or by:	4. Type: <u>LOAN</u>				
KIM COONAN	5. <u>Date Debt Was Incurred</u> :	<u> </u>			
706 9/DNEY	10-22-12		,		
ZHILLTY MI COTOL	6. Original Amount of Debt:		\$	\$	
VI 700	s <u> 350.00</u>	<u> </u>		FORGIVEN	
If hork loan more of and areas as a susception		<u> </u>	.;		
If bank loan, name of endorser or guarantor:	r	Amo	unt Endorsed: \$		
Debt #3 Corp? Yes Owed to or by:	4. Type:;	s			
	5. Date Debt Was Incurred:	·\$	,		
	6. Original Amount of Debt	\$	· · [		
	*	\$	\$1	<del>*</del>	
	Ψ	<u> </u>		FORGIVEN	
		Amo	unt Endorsed: \$		
Page Subtotal (Outstanding debt)  Grand Total of all Schedules 1E  Complete on last page of Schedule showing amounts owed by or to the committee)					
ule y th	ing date of	by" or line 12b "owed to" of the Summary Page			
		,			